



AUTHORIZATION FOR NON-EMPLOYEE ATTENDANT (Voucher for Reimbursable Expenses and Attendant Fees)

AUTHORIZATION FOR ATTENDANT *(Please See Reverse For Instructions)*

1. DATE ISSUED	2. THIS AUTHORIZATION IS <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> DEFINITE	3. DATE AUTHORIZED TO PROCEED
		4. FROM:
		TO:
		AND RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO
		5. BENEFICIARY'S CLAIM NO. OR SOCIAL SECURITY NO.

6. BENEFICIARY'S LAST NAME - FIRST - MIDDLE INITIAL		7. REPORT TO		
8. ATTENDANT'S FEE PER DAY OR FRACTION THEREOF <i>(Show maximum fee allowable or lesser fees if agreed to such service)</i>		9. GIVE TYPE OF TRAVEL AUTHORIZED, SERIAL NO.(S) OF GOVERNMENT REQUEST FORM(S), TICKET(S), ETC.		
10. NAME AND ADDRESS OF ISSUING OFFICE		11. AUTHORITY	12. ESTABLISHED COST OF TRAVEL	13. FISCAL SYMBOLS
		14. SIGNATURE AND TITLE OF AUTHORIZING OFFICIAL		

VOUCHER FOR REIMBURSABLE EXPENSES AND ATTENDANT'S FEES

15A. FROM		15B. TO		
16A. NO OF MILES TRAVELED	16B. AMOUNT CLAIMED \$	16C. FERRY, BRIDGE, ROAD AND TUNNEL TOLLS \$	16D. FEE AT AUTHORIZED RATE \$	16E. TOTAL AMOUNT CLAIMED \$

I have not obtained meals, lodgings, or transportation at Government expense or through the use of Government requests, tickets, tokens or Government-owned conveyance; or incurred any expenses which may be presented as charges against the Department of Veterans Affairs for transportation, meals, or lodgings in connection with my authorized travel. I understand that no part of the actual or direct expenses for transportation, meals, and lodgings in connection with the uncompleted portion of my authorized travel is to be borne by the Department of Veterans Affairs, and I hereby claim mileage allowance, fares, and tolls in lieu of actual expenses for this trip as shown above. I am not an employee of the U.S. Government, nor a relative of the beneficiary. I CERTIFY that this claim is correct and just and the payment has not been received.

17. SIGNATURE OF ATTENDANT		18. DATE
19. STATEMENT OF PHYSICIAN WHO EXAMINED BENEFICIARY(S) UPON ARRIVAL AT STATION AN ATTENDANT WAS <input type="checkbox"/> NECESSARY <input type="checkbox"/> NOT NECESSARY	20. SIGNATURE OF EXAMINING PHYSICIAN	21. DATE

STATEMENT BY AUTHORIZING OFFICIAL - I CERTIFY that the travel and services were performed for the purpose authorized on date(s) shown.

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AUDIT BLOCK

RUSH BLOCK		

ACKNOWLEDGMENT - Thereby acknowledge receipt in cash of the amount stated as due in full payment of claim stated above.

30. SIGNATURE OF PAYEE (<i>Attendant</i>)	31. DATE
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